

FORUM HOUSING ASSOCIATION

Forum Housing Association is committed to the promotion of Equality of Opportunity, recognising that passive policies will not succeed in combating discrimination.

All the Association's Policies and Procedures have implicit in them a determination to challenge discrimination and promote positive action to achieve Equality of Opportunity which is not a paper exercise but a reality.

The above statement is applicable to this Policy.

DRUGS – RESIDENTS/SERVICE USERS

BACKGROUND

Forum Housing Association recognise that the misuse of legal and illegal drugs amongst young people continues to be a cause for concern. The misuse of all drugs can cause considerable harm to individuals, their families and communities.

The Government launched its Drug Strategy in 1998. It was updated in 2002, and a progress report 'Tackling Drugs, Changing Lives' was published in November 2004.

The overall aim of the Strategy is to reduce the harm caused by illegal drugs. It focuses on the most dangerous drugs, the most damaged communities and those who cause the most harm to themselves. The Strategy is underpinned by three Public Service Agreements (PSA's), covering its four constituent strands: young people, treatment, drug related crime and availability. The PSA's are:

- Reduce the harm caused by illegal drugs including the number of drug misusing offenders entering treatment through the Criminal Justice System;
- Reduce the use of Class A Drugs and the frequent use of any illicit drug by all **young people under the age of 25 especially the most vulnerable**;
- Increase the numbers of problematic drug users in treatment by 100% by 2008 and increase year on year the proportion of users successfully sustaining or completing treatment

A Young People and Drugs Delivery Plan has been implemented by the Home Office with the Department for Education and Skills and the Department of Health in line with 'Every Child Matters'. The Plan improves universal, targeted and specialist drug services for Children and Young People.

Additionally the Drugs Interventions Programme (DIP) was introduced in 2003 to use every opportunity within the Criminal Justice System to move drug using offenders out of crime and in to treatment.

The Government has committed significant expenditure to tackling drug misuse, with a commitment of 1.5 billion pounds in 2005/06. The Young People Substance Misuse Grant provided £ 65 million during for the same period to develop local services.

POLICY

The Association in line with its mission statement is concerned about the issues that affect the young people it supports. This policy is designed to encompass all legal requirements recognising with sensitivity the support needs of residents/service users. By nature of its work, and the environment in which the Association seeks to do its work, its young people and staff are subject to the influences of all kinds of drugs.

The Association recognises that housing related and outreach support fits in to the continuum of care and support that addresses the needs of drug misusers and will continue with partners, to develop innovative services for this vulnerable group.

DEFINITION

For the purpose of this policy – ‘Resident and Service User’ determines young people accommodated by the Association on Tenancy or Licence and also those in receipt of a service from the Association via ‘floating support’ or ‘drop in’.

PRINCIPLES

1. The Association will comply with all relevant legislation as a commitment to the safety and protection of its residents/service users.
2. The Association will endeavour to inform and update residents/service users on all aspects of drug use and misuse by means of education programmes and the provision of adequate resources.
3. The Association will continue to monitor the performance of this policy and implement changes as and when it is deemed necessary.

COMMUNICATING THE POLICY

1. Defined sections of this policy will be included as part of a resident's/service user's welcome pack on introduction to the Association.
2. A copy of the policy can be found in the offices of all Projects/Services. Residents/service users can have access to the policy at any time on request to a support worker.
3. The procedures to be implemented will be included in all referral interviews.
4. The policy and its implementation will be regularly reviewed by the Association's Housing Services Committee.
5. The policy will be communicated to staff to develop their awareness and knowledge about the consequences illegal drug use may have for residents physical, emotional and psychological health as well as the financial and legal implications.

IMPLICATIONS

1. Forum Housing Association recognises that strategies aimed at addressing young people and drug use must cover all the young people that are referred, accommodated or offered a service with the Association. This strategy will cover all properties and services where contact with young people takes place.
2. Support staff will sometimes become aware that the reckless practice of some drug users might risk life, limb and personal safety. When a worker is convinced that warnings, pleas and persuasions will not deter the resident from using drugs irresponsibly, that worker has a professional duty to remain within the law and the Association's Policies and Procedures.
3. Association staff will abide by and adopt the principles of the Behaviour and Lifestyles and Anti Social Behaviour Policy and Procedures when working with young people at risk of or using drugs.
4. All harm reduction techniques should rely on the reality of the circumstances of individuals and/or small groups. Staff must always encourage movement towards abstinence during their support of residents/service users.
5. Association staff will endeavour to make full use of the expertise, partnerships and resources available to it in order to reduce risk and to steer young drug users into appropriate treatment and support.
6. At all times Association staff need to be mindful of all policies and procedures aimed at ensuring the Health, Safety, Security and Safeguarding of residents/service users, staff and support agencies.

CLASSIFICATIONS UNDER THE 1971 DRUGS ACT

The following section defines how drugs are classified under the Misuse of Drugs Act 1971, and is updated to reflect revisions and repeals constituted by the Drugs Act 2005.

These laws put illegal drugs into one of three categories - A, B and C - according to the harm they can do to you. Class A is the most harmful.

Dealing in drugs and possession with intent to supply is a more serious offence in the eyes of the law than possession for personal use.

CLASS A DRUGS

Include: Ecstasy, LSD, heroin, cocaine, crack, magic mushrooms (if prepared for use) amphetamines (if prepared for injection).

Penalties for possession: Up to seven years in prison or an unlimited fine. Or both.

Penalties for dealing: Up to life in prison or an unlimited fine. Or both.

CLASS B DRUGS

Include: Amphetamines, Methylphenidate (Ritalin), Pholcodine

Penalties for possession: Up to five years in prison or an unlimited fine. Or both

Penalties for dealing: Up to 14 years in prison or an unlimited fine. Or both

CLASS C DRUGS

Include: Cannabis, tranquilisers, some painkillers, GHB (Gamma hydroxybutyrate), ketamine

Penalties for possession: Up to two years in prison or an unlimited fine. Or both

Penalties for dealing: Up to 14 years in prison or an unlimited fine. Or both

DEFINITIONS

Amphetamines

Most Amphetamines available on the street are illegally produced in laboratories. However, Dexamphetamine Sulphate is still available on prescription and so leaks onto the streets from legitimate sources though is increasingly rare

Illegally produced amphetamines usually come in a powder form. Colour ranges from white, off-white, grey, yellow, and pink. It is usually sold by weight, in small rectangular wraps of paper.

Dexedrine tablets are usually circular and are white or yellow. Methamphetamine comes in the form of white or clear crystals. Increasingly commonly available is base-speed, a grey paste similar in consistency to putty.

Amphetamine is a Class B drug, increasing to a Class A when prepared for injection.

Barbiturates

Barbiturates are hypnotic sedatives, drugs which calm people down (sedatives) and in higher doses act as sleeping pills (hypnotics).

All sedatives and hypnotics are Prescription Only under the Medicines Act. This means they can only be sold at a pharmacy by a pharmacist, in accordance with a doctor's prescription. All the 'misusable' barbiturates, others from the same class of barbiturates and the sedative methaqualone, are in class B of the Misuse of Drugs Act.

Benzodiazepines

A Class C Drug, Benzodiazepines are widely prescribed as sedatives, to combat anxiety, as skeletal muscle relaxants, anti-epileptics and anti-convulsants. However, some benzodiazepines leak onto the street, and are quite widely misused. The most frequently available drugs are those with italicised slang names above. Valium, Temazepam and Rohypnol are the most commonly available on the illicit market.

The appearance of each drug varies widely from drug-company to drug-company. Most come as tablets, in a variety of shapes, colours and strengths. A few also come in preparations for injection, such as Valium ampoules, which command a higher street value.

Hallucinogenic Mushrooms

A bewildering array of Hallucinogenic plants were used by ancient tribes and civilisations (and many still are used by their successors), generally as a means of visionary divination and to gain access to the 'spirit' world. In the British Isles, the greatest current interest is in the dozen or so hallucinogenic fungi that grow here, notably the *Amanita muscaria* and the mushrooms of the *Panaeolus* and *Psilocybe* families, especially *Psilocybe semilanceata* or the Liberty Cap.

Since June 2005 the possession of mushrooms containing psilocyn or psilocybin has been an offence under the Misuse of Drugs Act 1971 as amended by the Drugs Act 2005. Previously, it had been lawful to possess and supply fresh, non-prepared mushrooms but following the enactment of the Drugs Act 2005 all forms of the mushroom are now Class A drugs.

Cocaine and Crack

Cocaine is a white powder derived from the leaves of the Andean coca shrub, with powerful stimulant properties similar to those of amphetamines.

Cocaine can be and occasionally is injected, sometimes mixed with heroin, but more commonly a small amount is sniffed up the nose through a tube and absorbed into the blood supply via the nasal membranes.

Cocaine is also smoked through a process known as freebasing whereby the cocaine is 'freed' from the acid hydrochloride. 'Crack' is simply freebassed cocaine produced by an easier method resulting in small rocks of cocaine each about the size of a raisin.

Cocaine, its various salts, and the leaves of the coca plant, are controlled in Class A of the Misuse of Drugs Act.

LSD

Lysergic and diethyl amide - LSD - is a white powder, but the minute amounts sufficient for a 'trip' are generally mixed with other substances and formed into tablets or capsules to be taken by mouth, in solution, the drug may also be taken absorbed on paper, gelatin sheets, or sugar cubes. The strength of these preparations is uncertain and commonly substances offered as LSD will turn out to contain no LSD at all.

LSD and other powerful hallucinogens are controlled in class A of the Misuse of Drugs Act, under a set of regulations which prohibit medical as well as non-medical use.

Solvents

Some organic - that is, carbon-based - compounds, produce effects similar to alcohol or anaesthetics when their vapours are inhaled. A number of these have applications as solvents (in glues, paints, nail varnish removers, dry cleaning fluids, de-greasing compounds, etc). others are used as propellant gases (in aerosols and fire extinguishers) or as fuels (petrol, cigarette lighter gas).

It is an offence in the UK except in Scotland for a retailer to supply to persons under 18 years of age a substance (other than a controlled drug).

Cannabis

Cannabis is a resin made from leaves, stalks and resin of the Cannabis plant. The drug is smoked. The drug is Class C under the Misuse of Drugs Act 71, and affirmed by the Advisory Council on the Misuse of Drugs in December 2005.

Ecstasy

Ecstasy is a drug that comes in tablet form and in different colours and shapes. Its initial intention is to give energy. The drug is Class A under the Misuse of Drugs Act, 7.,

Heroin

Heroin is an off-white brown powdered drug often supplied in small packets. It is injected, smoked for sniffed. The drug is Class A under the Misuse of Drugs Act 71.

SCHEDULES

The Misuse of Drugs Regulations creates 5 Schedules, governing possession and supply of the drugs controlled under the Misuse of Drugs Act. The regulations also govern prescribing, safe custody, importation, exportation, production and record keeping.

SCHEDULE 1:

Possession and supply are prohibited other than by Home Office Licence which is granted for educational and research purposes only.

Includes: raw opium, LSD, Cannabis and Ecstasy.

SCHEDULE 2:

A Home Office Licence is required for import, export, production, supply and possession:
Includes: heroin, morphine, pethidine, quinalbarbitone, amphetamine and cocaine.

SCHEDULE 3:

A Home Office Licence is required for import and export, and authority required for production, supply and possession (e.g. a prescription)
Includes: Temazepam, barbiturates (except quinalbarbitone), buprenorphine, diethylpropin, mazindol and phentermine.

SCHEDULE 4:

Authority is required for production and supply, but no authority is required for their possession, import or export.
Includes the Benzodiazepines (except Tamazepam) pemoline and Anabolic Steroids.

SCHEDULE 5:

Some controlled drugs, included in preparations in small quantities can be bought "over the counter", and include mild pain-relief medicines, cough medicines and diarrhoea treatments. No authority is required to possess them, but it is needed for their production and supply.

1. What is meant by 'supplying'?

The sharing, swapping or giving of controlled drugs constitutes supply. There does not need to be any monetary exchange. Anyone handling a controlled drug and passing it on to another could be deemed to be supplying.

2. What is a controlled drug?

A controlled drug is classified under legislation, (Misuse of Drugs Act 1971).

3. Are Solvents included in the Misuse of Drugs Act, and therefore this policy?

No - but because solvent abuse causes major health risks the Association will be mindful of the affects this may have on others in and around its premises.

4. What is meant by 'possession'?

Any classified drug found on a person or believed to belong to a person by virtue of where it is found is deemed as possession.

5. What is meant by 'premises'?

Forum Housing Association define 'premises' as all offices, housing Projects and outreach and facilities provision. This will also include any enclosed yard, garden, patio, front entrances.

The Association will in addition be mindful of the needs and concerns of other dwellers and businesses surrounding projects.

THE 1971 MISUSE OF DRUGS ACT

The Home Office has repealed controversial legislation about the use of drugs in homes and hostels. Previously, service providers were committing an offence when knowingly allowing the use of any unlawfully controlled drug on their premises. The legislation to make it an offence was placed on the statute book under the Criminal Justice and Police Act 2001, but never brought in to effect. The new law repeals section 38 of the Act, which created the offence by amending section 8 (d) of the Misuse of Drugs Act 1971.

However, service providers can **still be prosecuted** if they knowingly permit the misuse of cannabis or opium, as laid down in the 1971 Act as that legislation still applies.

THE 2005 DRUGS ACT

The new Act brings about a number of significant changes. The broad aims are to:

- Increase the effectiveness of the Drugs Intervention Programme by getting more offenders in to treatment
- Introduce a new civil order to run alongside Anti Social Behaviour Orders for adults to tackle drug related anti social behaviour
- Enhance Police and Court Powers against drug offenders
- Clarify legislation in respect of magic mushrooms

The outworking of the 2005 Drugs Act provides powers to:

- Test drug offenders on arrest, rather than on charge.
- Require a person with a positive test to undergo an assessment by a drugs worker.
- Provide for an -intervention order- to be attached to ASBOs issued to adults whose anti-social behaviour is drug related, requiring them to attend drug counselling.
- Allow a court to remand in police custody for up to a further 192 hours those who swallow drugs in secure packages, to increase the likelihood of the evidence being recovered.
- Allow a court or jury to draw adverse inference where a person refuses without good cause to consent to an intimate body search, x-ray or ultrasound scan.
- Create a new presumption of intent to supply where a defendant is found to be in possession of a certain quantity of controlled drugs.
- Require courts to take account of aggravating factors - such as dealing near a school - when sentencing.
- Amend the Anti-Social Behaviour Act 2003 to give police the power to enter premises, such as a crack house, to issue a closure notice.
- Amend the Misuse of Drugs Act 1971, making fungi containing the drugs Psilocin or Psilocybin (-magic mushroom') a class A drug.

- Repeal section 38 of the Criminal Justice and Police Act 2001.

PROGRAMME OF ACTION (This section to be included in the Resident's Welcome Pack)

The full Drugs Policy is available for you to read in the office of the Project/Service. This section is included in your Welcome Pack and is to help you understand how the Association intends to act with regard to illegal drugs on and around any of its premises.

We believe young people need to resist drugs and, to handle as necessary drug-related problems. The Association through its staff will endeavour to provide all our residents/service users with information and support in ways which are sensitive to age and circumstances. We will promote healthy lifestyles and positive activities not involving drugs and other substance misuse. We will ensure that if you are at risk of drug misuse you can receive appropriate support. We will ensure that young people from all backgrounds, whatever their culture, gender or race, have access to appropriate programmes. We will ensure that the Association operates within the law and will inform residents/service users of this when appropriate.

PROCEDURES

1. The Association will abide by the law in all drug related incidents.
2. Drug use, supplying, possession, producing and dealing of drugs are illegal acts and will not be tolerated by the Association.
3. If a resident/service user is found to be in possession of an illegal drug or using an illegal drug or supplying an illegal drug they will be subjected to the following procedure:
 - 3.1 On identification or suspicion of the above the resident/service user will be interviewed by a staff member and advised of the possible outcomes should sufficient evidence be gathered.
 - 3.2 The young person will be informed about the risks of drug misuse, linked to other substances - including alcohol, tobacco and solvents where appropriate
 - 3.3 All incidents will be recorded in the Project's/Service's Drug Incidents Register (**H&YPS-DRSU1**) and the appropriate person responsible for the management of the Project/Service informed

- 3.4 If drugs are found on the premises or confiscated by staff from a resident they will be disposed of by the following means

Two staff members will take the drug in a sealed packet to the local Police Station and request a written receipt. The time and date of this method of disposal will be recorded in the Project's/Service's Drug Incidents Register (**H&YPS-DRSU1**)

Or

A staff member can dispose of drugs on the premises usually down the toilet or sink. This must be carried out in the presence of another member of staff and recorded in the Project's/Service's Drug Incidents Register (**H&YPS-DRSU1**).

No confiscated drugs will remain on any Association premises for more than **one hour** after they have been seized.

- 3.5 If a Project/Service Manager is asked to hold on to drugs at the request of Police for a period of time, they will inform the Deputy Chief Executive or Chief Executive immediately for a decision to be made.

Possible options

- 1) The drugs will be retained in a safe at Head Office or the Project/Service
- 2) Drugs will be taken to the Police immediately

In determining whether it is necessary to take any measures against a resident/service user in drug related incidents, the Association will balance the interests of the Association and the need to help those who do misuse drugs.

In all cases where the use, possession, supply or production of illegal drugs are evident the Project/Service Manager will take action within the Association's Exclusion Policy. All incidents will be recorded in the Project's/Service's Drug Incidents Register (**H&YPS-DRSU1**) and information may be given to the police.

In certain circumstances the Association will have the authority to exclude a resident/service user immediately [within 24 hours]; from their accommodation

- when a Resident is violent and putting the lives of those around at risk.
- when a Resident is deliberately allowing their accommodation to be used for illegal and illicit drug purposes.
- when a Resident is found to be drug trafficking on or around the Association's properties.
- As a result of any other serious criminal activity linked with drug use/misuse.

The Association will implement its Behaviour and Lifestyles Policy in all other illegal and or illicit drug activity.

In certain circumstances the Police can obtain a Warrant to search premises. The Association's staff **will** co-operate with the Police in this matter. The Deputy Chief Executive will be informed immediately and the search recorded. Project staff will be required to record names of Police officers, dates and times of any searches undertaken, in the Project's/Service's Drug Incidents Register (**H&YPS-DRSU1**)

The Association will maintain a positive relationship with the Police and other support agencies. The Deputy Chief Executive and Head of Service Development will undertake regular consultation with the Merseyside Drugs Team.

The following are examples of Police co-operation.

- When there are reasonable concerns for the safety of other residents/service users, staff and visitors to the Association's premises.
- When a resident refuses to abide by the Association's groundrules laid down in their licence agreement.
- In circumstances where large quantities of drugs have been found or confiscated.

4. Friends, visitors and acquaintances of project residents.

People known or suspected of supplying or possessing drugs may be banned from some or all of the premises for a period of time. The nature of the ban will be decided by the Project Manager or appointed officer, and the resident's visitor may only, in the meantime, return to the premises to find out the nature of their ban. **There is no appeal to this decision.** Only when the Project Manager believes it is safe for the ban to be lifted will it be so. Each project will hold a book that identifies banned persons, the date of the ban and the length of the ban. A separate entry will be made in the Project's/Service's Drug Incidents Register (**H&YPS-DRSU1**).

6. If a resident/service user carries out an illegal act on any Association premises and they are receiving assistance from a drug service, the Association will inform the external service of any decisions that have been carried out.
7. This policy is closely related to other policies and procedures which will be implemented if necessary.

These include:

- Anti Social Behaviour
- Behaviour and Lifestyles
- Confidentiality
- Health and Safety
- Residents' Visitors
- Risk Management
- Violence and Aggression

Non-compliance with this policy may result in disciplinary proceedings.